S S	use Yes	child becar	sactions, or liabilities of a spouse or dependent	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
No X	ed not Yes	trusts" nec	of Official Conduct and certain other "excepted pouse, or dependent child?	on standards ig you, your sp	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	SE QUESTION	)F THE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	e answered and ach "Yes" respo	must be	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ent with  Yes	arrangeme	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
<b>₹</b>	re date Yes	or before th	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
<b>₹</b>	ting Yes	d receive ar in the report e)?		No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
No No	ore Yes	receive an	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S N	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes
i			E QUESTIONS	)F THESI	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTION
nssessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	r Employing Office:  Termination Date:	Officer or Employee	Filer Member of the U.S. State: House of Representatives District: Amendment
VES	S. HOUSE UP REPRESENTATIVES	U.S. HÌ	202 - 225 - 36     (Daytime Telephone)		Dale Educated Kilder
	12:01 NY 8-14W 60:51	2ขูยู		į	j
	JAND DELIVERE	4/0 424	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name	
Inle	
Educard	
Kildee	
Page	

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: williarly pay (such as National Guard of Reserve pay), lederal retirement programs, and believe	perients received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Michigan Legislative Retirement System	ension	\$22,828,00
		•

For payments to charity in lieu of honoraria, use Schedule II.

ST Sun Trust Bank- C.D.	or Sun Trust Blank - CD )	SP Wachevia Bank-IR+CD	D Wachouia Bank SEPCO	ST Congressional Fed. C.U.	or Wachovia Bank	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster Inde	the the state of t	<del></del>
X 						×	Indefinite	\$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$250,001 - \$600,000  \$500,001 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$50,000,000	BLOCK B  Value of Asset  e value of asset at close of year. If you use a valuation other than fair market values specify the method used.  set was sold during the reporting is included only because ted income, the value should be a set was sold to the value sh
X   -	×		×		X	×	A Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership (ncome or Farm Income	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X (reinjucted)	X (Creinussted)	X (reinvested)	X (rzinvosted)	X	×	×	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≦         \$15,001 - \$50,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ≅         \$1,000,001 - \$5,000,000       ×         Over \$5,000,000       ×	Amount of Income  attrement plans or accounts that callow you to choose specific invest, you may write "NA" for income It of the category of income the category of the cate
							O (Par liar)	assu pilea as t (S See exa	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Ŋ, ŞP, 믁 · GMAC Bank of Utah - C) Capital One Washington Mutual Kark Micco Woshington Mutual Kark NV-Capmark Bankof Utak - C <u>C</u>4, Citibank S. Asset and/or income Source Bank Deposi+ composed of: Smith Barney BLOCK A 38V4-00 Dukota IRA > None X Œ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Ш Year-End BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 ~ \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** DISPURS MAN mardatery Name Date Edward Kilder MA 3 3 Other Type of Income (Specify) \$1 - \$200 のようしないか Amount of Income XI III V V VI VII VIII X \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 interest \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 2 of 4 Transaction 4-18-08 BLOCK E -19-08 18-08) புலந

This page may be copied if more space is required.

## **SCHEDULE VIII—POSITIONS**

Name Dale Edward Kildee

Page 4 4

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

			Position
			Name of Organization

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

		_			
			11-1-1	Date	
			1-1-77 State of Michigan and self	Parties To	
			life insurance and health insurance	Terms of Agreement	